

NONPROFIT CORPORATION

STATE OF MAINE

STATEMENT OF INTENTION
TO CARRY ON ACTIVITIES UNDER
AN ASSUMED OR FICTITIOUS NAME

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Real Name of Corporation)

Pursuant to [13-B MRSA §308-A](#), the undersigned corporation executes and delivers the following Statement of Intention to Carry on Activities Under an Assumed or Fictitious Name:

FIRST: The address of the registered office of the corporation in the State of Maine is _____.

(street, city, state and zip code)

SECOND: ("X" one box only.)
☐ assumed name ([13-B MRSA §308-A.1](#)) ☐ fictitious name ([13-B MRSA §308-A.2](#))

The corporation intends to carry on activities under the assumed or fictitious name of _____.

Please note: A **fictitious name** is a name adopted by a **foreign corporation** authorized to carry on activities in this State because its real name is unavailable pursuant to [13-B MRSA §301-A](#).

Complete the following if applicable:

THIRD: If such assumed name is to be used at fewer than all of the corporation's places of activity in this State, the location(s) where it will be used is (are):

FOURTH: (Foreign Corporation Only)

Jurisdiction of incorporation _____ and the date on which
the corporation was authorized to carry on activities in Maine _____

DATED _____

*By _____
(signature)

(type or print name and capacity)

*By _____
(signature)

(type or print name and capacity)

*If this is a domestic corporation, this document **MUST** be signed by: (13-B MRSA §104.1.B)

(1) the **Clerk or Secretary OR**

(2) the **President** or a Vice-President **together with** the **Secretary** or an assistant. secretary, or a 2nd certifying officer **OR**

(3) if no such officers, then a majority of the **Directors OR**

(4) if no such directors, then the **Members.**

*If this is a foreign corporation, this document **MUST** be signed by any duly authorized individual. (13-B MRSA §104.1.D)

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**